Dr. Gordon seems to have omitted the middle aspect, which Dr. Frank defines as

> a variety of phenomena that have been variously termed paranormal, transpersonal, occult and the like. These include healing through prayer as well as phenomena such as mystical experiences, telepathy and precognition. What they have in common is that they are experienced only in altered states of consciousness and seem to occur in levels of reality or orders of existence that differ fundamentally from the everyday reality in which we live most of the time. Thus, they are "supernatural" in the strict dictionary definition of the term.[2]

This is a far cry from biomedical medicine. There is room aplenty in biomedical medicine for the uniqueness of the individual, patient responsibility for health, influence of social and economic factors, and broadening and enriching of medical practice—items italicized by Dr. Gordon. Holistic medicine sounds inspirational to the uncritical ear, but it includes supernatural subsets that are the antithesis of biomedical practice.

EDWARD SHAPIRO, MD
Los Angeles

REFERENCES

1. Gordon JS: Holistic medicine: Advances and shortcomings (Special Essay). West J Med 1982 Jun; 136:546-551
2. Frank JD: Holistic medicine—A view from the fence. J Hopkins Med J 1981; 149:222-227

Needle in the Foot

TO THE EDITOR: A needle in the foot is a common problem for all physicians in primary and surgical care. Treatment is compounded by the fact that the removal of the foreign object may involve just a few minutes or, sometimes, hours. This is sometimes accomplished in a physician's office, an emergency room or an operating room. At times, this is done under local, regional or general anesthetic.

Most often, a foreign object in the foot is a sewing needle or a pin.[1] Other objects, such as glass, wooden splinters or fragments of tissue may or may not be radiopaque.

Various techniques have been devised to remove such objects. These include, often, blind dissection through the entry wound, needle localization by stereotactic techniques, xeroradiography[2] or tagging hemoclips[3] and using serial x-ray studies.

Our technique is to bring the patient to the fluoroscopy unit, where the wound is appropriately prepped with a povidone-iodine (Betadine) solution. A small 1-cm incision is made over the entry site of the radiopaque object and a small hemostat is used to remove the foreign body. It is understandable that in watching the object under fluoroscopy, one can have difficulty removing it blindly. The object moves significantly when touched with the hemostat, and sensation of touching a solid object is readily transmitted through the hemostat handle. The hemostat is not opened for grasping until the foreign body is touched.

The most efficient use of a fluoroscope can be best achieved by a position that will allow vertical approach to the foreign body. The hemostat is directly parallel to the fluoroscopic beam, thus insuring contact on the first pass by eliminating the X axis. Under fluoroscopic control, both the needle and the hemostat are visualized and the object is usually quickly removed.

The time required for removal is usually well within one minute. Only rarely does it involve significant discomfort to the patient.

It is our recommendation that in patients with radiopaque foreign objects requiring removal, this be done under fluoroscopic control.

LAWRENCE H. WANETICK, MD
RICHARD HILL, MD
Fairfield, California

REFERENCES

1. Byron TJ: Foreign bodies of the foot. J Am Podiatry Assoc 1981 Jan; 71:30-35
2. Bowers DJ, Lynch JB: Xeroradiography for non-metallic foreign bodies. Xeroradiography 1981; 60(3):470-471
3. Mladick RA: Easy location of foreign body with 'tagged hemo-clips.' Plast Reconstr Surg 1978 Nov; 61:459-460

Thrombotic Thrombocytopenic Purpura

TO THE EDITOR: The good discussion of thrombotic thrombocytopenic purpura by Kacich and Linker, which appears in the June issue,[1] is incomplete without mentioning that Moschcowitz first reported that disorder in 1925[2] and that since then it has been known as Moschcowitz's disease.

GERARD P. SHELDON, MD
San Francisco

REFERENCES

1. Kacich R, Linker C: Thrombotic thrombocytopenic purpura —Medical Staff Conference, University of California, San Francisco. West J Med 1982 Jun; 136:513-520
2. Moschcowitz E: An acute febrile pleiochromic anemia with hyaline thrombosis of the terminal arterioles and capillaries: An undescribed disease. Arch Intern Med 1925; 36:89-93